

Premarket Notification [510(k)] Summary

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92

The assigned 510(k) number is : <u>K030799</u>

Company: ABX Diagnostics

Parc Euromédecine

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Contact Person: Tim Lawton (tlawton@fr.abx.fr)

Date Prepared: 07 March, 2003

Device Name:

Trade/Proprietary Names: ABX MICROS 60 Hematology Analyzer

Common or Usual Name: Automated cell counter and

Automated differential cell counter

Device Class II: Special Controls Guidance Document

Classification Name: Automated cell counter (§864.5200) and

Automated differential cell counter (§864.5220)

Product Code: GKZ

and PLT with Hgb \leq 2g/dl (0 – 4000 x 10^3 / mm³) are entirely supported by the clinical data provided in this submission.

Accuracy (Inter-procedural Correlation) demonstrated no evidence of significant bias between the MICROS 60 and the Abbott CD 4000 provided good correlation of R²>0.95 for all parameters. No change to the claimed limits is being made in this submission.

The clinical studies conclude that the safety and effectiveness of the devices is not compromised.

Conclusions for non clinical and clinical tests:

The clinical studies tests conclude that the safety and effectiveness of the device is not compromised. Clinical testing met all acceptance criteria.

The device meets with the IEC 1010-1 standard of the International Electro-technical Commission on electrical equipment for measurement, control, and laboratory use. As well as the EN 61326 standard for Electromagnetic Compatibility.

All clinical and non clinical tests show appropriate levels of safety and effectiveness.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 2098 Gaither Road Rockville MD 20850

APR 0 8 2003

Mr. Tim Lawton Regulatory Affairs Manager ABX Diagnostics Parc Euromedecine Rue du Caducee - BP 7290 34184 Montpellier cedex 4 FRANCE

Re:

k030799

Trade/Device Name: ABX Micros 60 Hematology Analyzer

Regulation Number: 21 CFR 864.5220

Regulation Name: Automated differential cell counter

Regulatory Class: Class II Product Code: GKZ Dated: March 7, 2003 Received: March 13, 2003

Dear Mr. Lawton:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820).

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific information about the application of labeling requirements to your device, or questions on the promotion and advertising of your device, please contact the Office of In Vitro Diagnostic Device Evaluation and Safety at (301) 594-3084. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.

Director

Office of In Vitro Diagnostic Device

Steven Butman

Evaluation and Safety

Center for Devices and

Radiological Health

Enclosure



MICROS 60

Special 510(k): Device Modification

INDICATIONS FOR USE STATEMENT

510(k) Number (if k	nown):	
Device Name:	ABX MICROS 60 Her	natology Analyzer
Indications For Use:		
controlled) hematolo	ogy analyzer used for the in	or is a fully automated (microprocessor in vitro diagnostic testing of whole blood es in complete blood count (CBC) mode.
(PLEASE DO NOT	WRITE BELOW THIS I	LINE-CONTINUE ON ANOTHER PAGE DED)
Conc		of Device Evaluation (ODE)
Prescription Use (Per 21 CRFR 801.1	OR OR	Over-The-Counter Use
	(Division Stan-Off)	Laboratory Devices K 030 799
	ABX Diagnostics (Horiba Group)